



## **GREAT RIVERS REGIONAL SYSTEM FOR ADDICTION CARE 2019 – 2022 Strategic Plan**

---

**Adopted by the Regional Advisory Group**

**February 21, 2019**

---

*For Additional Information Contact:*

Tina L. Ramirez  
Director Great Rivers Regional System for Addiction Care  
Division of Addiction Sciences  
Marshall Family Medicine  
[ramirezt@marshall.edu](mailto:ramirezt@marshall.edu)

MC-WV-02135

## ACKNOWLEDGEMENTS

*The Great Rivers Regional System for Addiction Care Regional Advisory Group would like to thank our coalition partners: Jackson County Wellness Coalition, Kanawha Communities That Care, Putnam Wellness Coalition, and the Cabell County Community Empowerment Partnership, along with the following individuals who represent over 77 organizations for their participation and development of the following strategic plan (Organizational Partner Listing can be found in Appendix II.). We appreciate your leadership and dedication, and look forward to our continued collaboration.*

Hassan Abataom	Cindy Farley	Cynthia Persily
Lindsay Acree	Brentney Fields	Dana Petroff
Jason Adkins	Lynne Fruth	Jessica Pitts
Misty Adkins	Kelly Gilbert	Connie Priddy
Bradley Anderson	Danielle Gillespie	Jessica Queen
Jessica Auffant	Katie Hackney	Abby Reale
Charles Babcock	Mark Hall	Hannah Redman
Troy Bain	Tim Hanna	Gloria Rhem
Amy Bain	Wayne Harmon	Stephen Samples
April Baisden	Amy Haskins	Angela D. Saunders
Vanessa Bartholomew	Grant Henck	Olivia Shreve
Susan Bissett	Jenni Hill	Kim Shoemaker
Craig Blackhurst	Debbie Higginbotham	Christopher Skeens
Kat Boggs	Dr. Kilkenny	Megan Simpson
Matt Boggs	Amanda Lacy	Jim Smallridge
Tony Boggs	Paul Lageman	Wendy Smith
Michele Bowles	John D. Law	Walter Smittle
Vicky Burrows	Kassie Lawless	Wendy Staats
Martha Carter	Barbara LeGue	Chief Eddie Starcher
Sarah Cassedy	Trace LeMasters	Bill Stewart
Shana Clendenin	Heather Long	Liz Stewart
Larry Cole	Monica Mason	Mark Strickland
Terry Collison	Megan Maynard	Jana Stoner
Allison Conley	Stephanie McCoy	Trenton Sturgill
Amy Connelly	Leschia McClure	Maria Summers
Judy Crabtree	Barbara McKee	Jessica Tackett
Rebecca Crowder	Mike McCormick	Eric Tarr
Todd Davies	Josh Miller	Terick Thomas
Vanessa Davis	Taucha Miller	Michelle Thompson
Joe Deegan	Lillian Morris	Mary Lynn Tran
Renee DeLong	Lance Morrison	Dick Waybright
Steve DeWeese	Lyn O'Connell	Steve Westfall
Megan Casto-Dilley	Bill O'Dell	Crystal Welch
Jessica Napier-Eagle	Doug Paxton	Beth Welsh
Mary Emmett	Michelle Perdue	Bethany Wild
Russ Fairchild	Greg Perry	Karen Yost

## TABLE OF CONTENTS

EXECUTIVE SUMMARY.....	4
INTRODUCTION.....	4
SETTING THE CONTEXT.....	6
VISION, MISSION AND GUIDING PRINCIPLES.....	8
STRATEGIC PRIORITIES.....	9
STRATEGIC PRIORITY ONE - EARLY INTERVENTION AND PREVENTION .....	10
STRATEGIC PRIORITY TWO - TREATMENT .....	12
STRATEGIC PRIORITY THREE - RECOVERY SUPPORTS.....	13
STRATEGIC PRIORITY FOUR - SUSTAINABILITY AND INFRASTRUCTURE .....	14
STRATEGIC PRIORITY FIVE - EVALUATION AND IMPACT .....	15
COUNTY-LEVEL RESPONSE STRATEGIES.....	17
CABELL COUNTY RESPONSE STRATEGIES .....	18
JACKSON COUNTY RESPONSE STRATEGIES .....	19
KANAWHA COUNTY RESPONSE STRATEGIES .....	21
PUTNAM COUNTY RESPONSE STRATEGIES.....	23
STRATEGIC PLAN BACKGROUND MATERIALS.....	25
County Planning Sessions I.....	25
County Planning Sessions II.....	25
Regional Advisory Group Planning Session .....	25
APPENDIX I - BASELINE DATA .....	26
APPENDIX II - ORGANIZATIONAL PARTNERS.....	38

## **EXECUTIVE SUMMARY**

In October 2018, the Great Rivers Regional Advisory Group launched a strategic planning process to develop a four-year strategic plan to guide the development of a comprehensive, coordinated system of addiction care across Cabell, Kanawha, Jackson, and Putnam counties. Over 100 people were involved in one or more facilitated county-level planning sessions, which was followed by a regional planning session. Partners went through a number of processes to understand the current operating environment including:

- Review and consensus on key system components
- Identification of community needs and assets
- Development of key planning questions to address, and
- Completion of baseline data collection tools.

A decision-making framework was used to formulate priorities and regional and county-level strategies in five key areas:

- 1) Early Intervention and Prevention
- 2) Treatment
- 3) Recovery Supports
- 4) Sustainability and Infrastructure, and
- 5) Evaluation and Impact

The plan establishes a strategic framework for the Great Rivers Regional Advisory Group and will serve as a template for reaching a shared vision of saving lives and improving health outcomes for individuals, children and families impacted by the opioid crisis in the region.

## **INTRODUCTION**

The opioid epidemic, which encompasses both prescription and illegal opioid misuse, continues to have deadly and far-reaching consequences nationally and across West Virginia, with over 974 residents dying from overdoses in 2017. The Great Rivers region of West Virginia, comprised of Cabell, Jackson, Kanawha, and Putnam counties, had the highest number of opioids-related deaths in WV and is

often referred to as the “epicenter” of the country’s opioid epidemic.

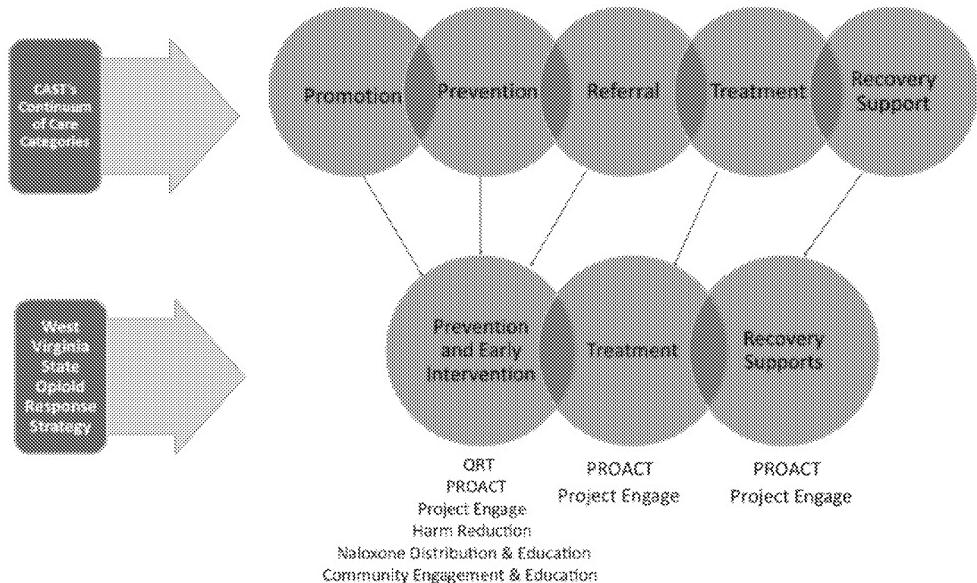
In response to this crisis, the Great Rivers Regional System for Addiction Care, under the Marshall Health umbrella, was awarded a four-year grant from the Merck Foundation in 2018 to build the infrastructure for an innovative, comprehensive approach to reduce overdose and overdose deaths, increase treatment and treatment retention, and enhance public health education to save lives and improve health outcomes.

Built upon a foundation of collaboration, the Great Rivers Regional System for Addiction Care Regional Advisory Group was formed and a strategic planning process was designed to help guide the implementation of a comprehensive, systems-level approach.

The framework for the regional system of addiction care is a public health approach aimed at reducing opioid use disorder and preventing death through the integration of prevention, treatment and recovery options across multiple levels. The continuum of care components align with the response strategies outlined in the proposed *Opioid Response Plan of the State of West Virginia*.

System components include:

- Comprehensive public health harm reduction programs
- Community-based *Quick Response Teams (QRT)*
- Project Engage* Model
- PROACT* (Provider Response Organization for Addiction Care and Treatment) - Hub and Spoke Model
- Naloxone education and distribution, and
- Community level engagement and education



The following strategic plan outlines policy, system, regional and county-level strategies to implement the system of addiction care over the next several years. Strategies will be carried out and supported by an infrastructure comprised of project staff, evaluation consultants, the Great Rivers Regional Advisory Group, and county-led coalitions.

The plan will be reviewed on a regular basis to measure progress and make modifications to ensure its continued relevance in an ever-changing environment.

## **SETTING THE CONTEXT**

Over 100 stakeholders came together to set priorities for action in the region through a four-month facilitated planning process. The strategic context for the plan was derived from pre-planning sessions held in each of the four counties during October - November 2018, which were followed by a second set of sessions in December 2018 and January 2019.

During the initial county-based planning sessions, strengths, opportunities, gaps and innovative ideas were identified as follows:

**Strengths** that were recognized include greater access to responsive care, the comprehensive design and approach of the model, the use of evidence-based interventions, shared goals, and integration of service components. Additionally, both individual and community assets were identified, including a broad range of expertise, networks, experience, and skills to carry out the four-year strategic plan.

**Gaps** or barriers, which were cited, include the lack of primary prevention strategies, transportation access, holistic family treatment approaches, standardized treatment protocols, and workforce and housing pathways.

**Opportunities** on the horizon included development of greater awareness and understanding to decrease stigma, the opportunity to reduce overdose deaths and increase the number of people entering and staying in treatment, and potential new funding streams. Expanding new partnerships was also identified as an opportunity. Potential partner organizations to bring to the table included: housing, family support groups, faith-based, law enforcement, local government, drug court system, local businesses, peer support groups, abstinence-based programs, youth groups/programs, and the school system.

**Innovative ideas** identified included MAT (Medicated Assistant Treatment) programming for the homeless population, creative affordable housing models such as the micro-credit proposal, greater use of mobile health technology, including mobile applications and devices such as the BRIDGE neuro-stimulation system device, expanding the QRT model to serve the whole family, the turn-around model via the corrections system, neighborhood response empowerment strategies, and the development of business-led and faith-based mentoring and transportation initiatives.

Additionally, key questions to address throughout the planning phase were framed and **critical success factors** were identified as follows:

- Multiple pathways to recovery are needed
- Flexibility in model implementation will be important – a “one-size fits all approach” across counties is not feasible
- Integration, sustainability, communications, and partnerships will be the cornerstones to success

Common themes from the initial set of sessions provided a decision-making framework to help formulate priorities and county-level action plans for the future.

During the second series of planning sessions, counties identified priorities and strategies around the key framework components, in addition to identifying programs, which are working well and should be sustained as part of the system. These sessions laid the foundation for a regional planning retreat held on January 17, 2019 with members of the Regional Advisory Group. During this retreat, members reached consensus on a strategic plan framework, priorities, and overarching system change strategies.

Throughout the planning phase, an evaluation consultant team from Epiphany Community Services (ECS) worked to provide a culmination of data findings across the Great Rivers Region. Both qualitative and quantitative data has been collected from community partner throughout the Great Rivers Region. Within the original grant proposal, Great Rivers' team identified two primary tools for data collection, PARTNER and Calculating for an Adequate System Tool (CAST). Baseline data findings are highlighted in Appendix I.

A draft of the plan was distributed to partners for feedback and was approved by the Regional Advisory Group on February 21, 2019. The plan will be launched in March 2019, and an operational action plan will be developed annually to prioritize “quick win” strategies and areas of responsibility.

## **VISION, MISSION AND GUIDING PRINCIPLES**

To ensure the regional system of addiction care is successfully created and anchored, system partners agreed upon a shared vision, along with a purpose statement and guiding principles as follows:

**Our Vision**

*To save lives and improve health outcomes for individuals, children and families impacted by the opioid crisis in the Great Rivers region*

**Our Purpose**

*To develop the capacity and infrastructure for a comprehensive, coordinated system of addiction care*

**Our Guiding Principles**

*There are many pathways to treatment and recovery and we believe that recovery is possible*

*Equal partnerships and strong collaborations are key to improving the overall health of our communities and in creating a cohesive system*

*Comprehensive, innovative, evidence-based programming is a cornerstone of our system of care*

*All individuals should obtain timely and adequate access to quality treatment, and deserve to be treated with kindness, compassion, and dignity*

**STRATEGIC PRIORITIES**

To carry out this shared vision, ***five strategic priorities*** were agreed upon to frame the regional strategic plan:

- 6) Early Intervention and Prevention
- 7) Treatment
- 8) Recovery Supports
- 9) Sustainability and Infrastructure, and
- 10) Evaluation and Impact

As part of the regional planning session, overarching regional strategies for each of the priority areas were developed, including support for response strategies at the county level.

## **STRATEGIC PRIORITY ONE - EARLY INTERVENTION AND PREVENTION**

**The onset of substance use will be prevented or delayed.**

### **System of Care Components Addressed**

- ✳ Quick Response Team (QRT) Model
- ✳ Project Engage Model
- ✳ Harm Reduction
- ✳ Community Engagement and Education
- ✳ Naloxone Distribution and Education

<b><i>2019 – 2022 Regional Strategies</i></b>	
<b>1.1</b>	Provide technical assistance and training to expand and sustain customized Quick Response Team models in each county to facilitate access to treatment and recovery programs
<b>1.2</b>	<p>Launch the <i>Project Engage</i> model in Cabell, Kanawha and Putnam counties by establishing clinical pathways in emergency departments, inpatient settings and mother-baby units through:</p> <ul style="list-style-type: none"> <li>○ Screening and identification of admitted patients</li> <li>○ Administration of the Clinical Opioid Withdrawal Scale where appropriate for assessment and monitoring withdrawal</li> <li>○ Rapid treatment of withdrawal by health care providers</li> <li>○ Referral to peer recovery coaches for consultation; and</li> <li>○ Coordinated discharge planning to community-based treatment and recovery services.</li> </ul>
<b>1.3</b>	Maintain and expand <i>Harm Reduction Programs</i> in all four counties, including the development of a mobile van pilot project

**1.4** Through our network of prevention education specialists and other partners, expand upon current educational opportunities to reduce stigma and risk, and increase understanding and awareness about substance abuse, overdose viral hepatitis, HIV prevention, screening, care, and treatment in the region

**1.5** Create a comprehensive action plan to increase distribution of Naloxone through:

- Provision of free Naloxone kits to community partners
- Recruitment of additional trainers
- Media and awareness outreach of training opportunities,
- Creation and distribution of Frequently Asked Questions
- Development of recommended policy changes in regard to current dosage protocols for first responders, and,
- Engaging pharmacies as distribution partners

**1.6** Develop and disseminate a community guide and inventory of existing treatment and recovery support resources

**1.7** Explore and make recommendations regarding immediate and emergent care options for first responders

**1.8** Create and distribute a blueprint and toolkit of evidence-based best practices for community partners

**1.9** Develop protocols for fast-track treatment admissions and options

**1.10** Monitor substance abuse, overdose, viral hepatitis and HIV associated health disparities, transmission and disease rates

## STRATEGIC PRIORITY TWO - TREATMENT

**Individuals with substance use disorder will have access to a seamless care pathway to enter and stay in treatment.**

### System of Care Components Addressed

- ✳ PROACT - Hub and Spoke Model
- ✳ Project Engage Model

<b><i>2019 – 2022 Regional Strategies</i></b>	
<b>2.1</b>	Establish the infrastructure to operationalize a “hub and spoke/one-stop shop” model across the region through: <ul style="list-style-type: none"><li>○ Development of new partnerships to address transportation barriers</li><li>○ Increased awareness and the use of the residential treatment services website</li><li>○ Establishment of referral relationships, and</li><li>○ Expansion of peer recovery coaches to EMT teams</li></ul>
<b>2.2</b>	Assess and address insurance coverage related to reimbursement gaps for Naloxone
<b>2.3</b>	Expand <i>Project Engage</i> to include other high prescriber health providers, including orthopedic surgeons, obstetricians, dentists, oral surgeons, and physical therapists
<b>2.4</b>	Increase the use and capacity of <i>Medicated Assisted Treatment</i> (MAT) throughout the region through: <ul style="list-style-type: none"><li>○ Outpatient</li><li>○ Inpatient</li><li>○ Development of mobile van options, and</li><li>○ Expansion of certified trained providers with waivers</li></ul>
<b>2.5</b>	Provide judicial education and training on MAT, including issues with custody and safety planning

<b>2.6</b> Expand peer recovery coaches to establish a first link and “warm handoffs” from hospital to in-patient care for continuation of care
<b>2.6</b> Increase access to holistic family-based/focused treatment approaches
<b>2.7</b> Identify and link faith-based partner volunteer opportunities to evidence-based practices and support services in the region
<b>2.8</b> Create safe and supportive housing for individuals using MAT
<b>2.9</b> Expand safe and supportive housing for individuals in recovery
<b>2.10</b> Proactively connect to the aging community

## STRATEGIC PRIORITY THREE - RECOVERY SUPPORTS

**Recovery support services will prepare individuals and families to successfully reintegrate into the community.**

### System of Care Components Addressed

- ❖ PROACT - Hub and Spoke Model
- ❖ Project Engage Model

<b><i>2019 – 2022 Regional Strategies</i></b>
<b>3.1</b> Develop a network of peer recovery coaches to serve the four county region, including media messaging about the important roles of peer mentors
<b>3.2</b> Identify volunteer and engagement opportunities for faith-based partners and other community members
<b>3.3</b> Network with the faith-based community to increase transportation access and pilot innovative solutions
<b>3.4</b> Partner with CORE to identify business partners, job training and education opportunities, and collect and track data on job placements
<b>3.5</b> Advocate for the Second Chance Employment Act, and state mandated human resource policies
<b>3.6</b> Identify funding opportunities that can support development of step down and other innovative housing for individuals in recovery

## STRATEGIC PRIORITY FOUR - SUSTAINABILITY AND INFRASTRUCTURE

**An effective infrastructure will be in place to develop and sustain the components of the Great Rivers Regional System for Addiction Care.**

<b><i>2019 – 2022 Regional Strategies</i></b>
<b>4.1</b> Expand the composition of the Regional Advisory Group and convene meetings on a regular basis to review progress, monitor the strategic plan and develop future directions based upon successes and lessons learned
<b>4.2</b> Develop a communications plan, including the development of a website to promote the system to the public and key stakeholders, including a password protected partner portal for virtual collaboration opportunities, and to facilitate information sharing
<b>4.3</b> Develop partnership agreements to clarify roles and contributions of member partner organizations
<b>4.4</b> Serve a regional resource of support through: <ul style="list-style-type: none"> <li>○ Technical assistance, training, and grant-writing support</li> <li>○ Topical peer think tanks,</li> <li>○ Development of other resources to help sustain community-based coalitions and expand the regional learning collaborative, and</li> <li>○ Policy discussion roundtables with legislators, county-government representatives, business leaders and other policy leaders to increase understanding and buy-in for the regional system of addiction care</li> </ul>
<b>4.5</b> Develop a resource development plan and explore diversified sources of funding to sustain the regional system and infrastructure, including: <ul style="list-style-type: none"> <li>○ Establishing a designated line item in the state budget</li> <li>○ Advocating for increased taxes on tobacco and alcohol products</li> <li>○ Utilizing Medicaid SUD waiver funds for peer recovery coaches</li> <li>○ Leveraging federal, state, and private foundation grant funds</li> </ul>

## STRATEGIC PRIORITY FIVE - EVALUATION AND IMPACT

**A formal evaluation will be conducted to measure process, impact and outcomes.**

<b><i>2019 – 2022 Strategies</i></b>
<b>5.1</b> Data collection methods will include but are not limited to:
<ul style="list-style-type: none"> <li>○ Quantitative data through the PARTNER TOOL, CAST, point- in- time surveys, number of media impressions, number of policy practice changes and attendance at events, and meetings</li> <li>○ Qualitative data through observations, meeting attendance/participation, key informant interviews and listening sessions</li> </ul>
<b>5.2</b> Process strategies will include but are not limited to:
<ul style="list-style-type: none"> <li>○ Adherence to action approved action plan</li> <li>○ Numbers served via education</li> <li>○ Numbers in attendance at Great Rivers related meeting with an emphasis on advisory committee attendance and,</li> <li>○ Adherence to fidelity to stated project components</li> </ul>
<b>5.3</b> Impact strategies include but are not limited to:
<ul style="list-style-type: none"> <li>○ Addition of new components in areas of not currently being implemented</li> <li>○ New/modified policies and practices related to project components internal to the project</li> <li>○ New modified policies/practices external to the project</li> <li>○ Key policy/practice changes intended to affect health related disparities through project related components</li> </ul>
<b>5.4</b> Outcome strategies include but are not limited:
<ul style="list-style-type: none"> <li>○ Collection and analysis of secondary data related to opioid related overdose/death</li> </ul>

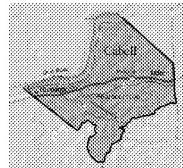
- Collection of primary data related to changes in levels and quality of collaboration
- Collection and analysis of system change data
- Isolation of key project elements from external influences i.e. funding, parallel projects etc. to determine influence of project components on opioid related overdose/death and treatment admissions

---

## COUNTY-LEVEL RESPONSE STRATEGIES

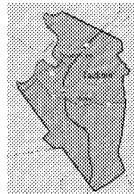
---

## CABELL COUNTY RESPONSE STRATEGIES



<b>Early Intervention and Prevention</b>	
<b>Expand Prevention/Early Intervention Services and Programs</b>	
<ul style="list-style-type: none"> <li>○ Develop a sustainability plan for QRT</li> <li>○ Review Shield comprehensive prevention program and successful implementation</li> <li>○ Develop best practice or “golden standard” coping skills</li> <li>○ Identify resources for evidence-based programs</li> <li>○ Continue education on Naloxone (knowing the difference, what’s coming)</li> <li>○ Expand the coalition partnership to include school representatives</li> </ul>	
<b>Treatment</b>	
<b>Expand Access to Prevention/Treatment</b>	
<ul style="list-style-type: none"> <li>○ Develop a relationship with HELP4WV to create a process to ensure after-hour rapid access into treatment</li> <li>○ Develop a relationship with the Huntington Housing Authority to help with placements</li> <li>○ Develop a new model to treat the family/children (OH model)</li> <li>○ Increase federal funding</li> <li>○ Re-establish the <i>Handle with Care</i> program</li> <li>○ Work with the WV Council of Churches on policy changes to address barriers related to felonies</li> <li>○ Partner with WV Cares on waivers</li> </ul>	
<b>Recovery Supports</b>	
<b>Increase Recovery Support Services</b>	
<ul style="list-style-type: none"> <li>○ Explore Medicaid billing for peer recovery coaches</li> <li>○ Address family supports needed</li> <li>○ Expand peer recovery coaches into numerous areas (fast food restaurants etc.)</li> <li>○ Expand transitional programs to include women with children and families</li> <li>○ Implement new WVARR standards for houses/programs for consistency once developed</li> <li>○ Explore a partnership with Habitat for Humanity for housing</li> </ul>	
<b>Address Transportation Barriers</b>	
<ul style="list-style-type: none"> <li>○ Partner with KYOVA on a county-wide transportation plan</li> <li>○ Address liability issues with insurance coverage for volunteer transports</li> <li>○ Develop a relay network of transportation with church vans</li> <li>○ Establish treatment program discharge protocols</li> </ul>	

## JACKSON COUNTY RESPONSE STRATEGIES



### **Early Intervention and Prevention Strategies**

#### **Develop a Quick Response Team for Jackson County**

- Define the QRT model for Jackson County
- Apply for state-level funding
- Select a QRT facilitator/coordinator
- Repair EMS overdose tracking
- Develop a multiple referral source system to QRT (i.e. if they are already in hospital for another reason)
- Establish a QRT development team (to pick appropriate/effective team members)

#### **Sustain the Jackson County Wellness Coalition**

- Establish a team to research and apply for grant funds
- Develop partnerships with established agencies for education/training
- Create other strategies for prevention education in the school systems (i.e. technology based)

#### **Decrease Stigma Through Education**

- Target the following partners for education:
  - Clergy
  - EMS
  - Hospital
  - QRT team

### **Treatment Strategies**

#### **Increase Detox Beds in Jackson County**

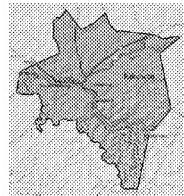
- Establish a goal of 20 beds to meet community needs
- Research charity care and other funding sources
- Explore possible expansion with Westbrook or Jackson General Hospital/WVU Medical

#### **Expand Outpatient Treatment Options**

- Research payment issues
- Explore possible funding sources
- Develop aftercare, including follow-up and wrap-around
- Address transportation barriers
- Train in the *Stages of Change* Model

<b>Sustain Programs That Are Working Well</b>
<ul style="list-style-type: none"> <li>○ IOP- Coplin</li> <li>○ DRC- IOP</li> <li>○ Bomar classes</li> <li>○ Westbrook support services</li> <li>○ Broken Chains at Ravenswood Life Spring</li> </ul>
<b>Recovery Supports Strategies</b>
<b>Reduce Transportation Barriers</b>
<ul style="list-style-type: none"> <li>○ Develop partnerships with the faith-based community</li> <li>○ Provide education and support on how to re-instate drivers licenses</li> </ul>
<b>Expand Peer Support Services</b>
<ul style="list-style-type: none"> <li>○ Explore state funding</li> <li>○ Recruit 10 Recovery Coaches (certified through Recovery Point)</li> <li>○ Partner with faith-based programs</li> <li>○ Develop outreach to include families in service options</li> <li>○ Collaborate with the court system to mandate attendance to meetings and family outreach</li> <li>○ Expand public education to reduce stigma</li> <li>○ Establish partnerships with local businesses for job placements, training and connections to community resources</li> </ul>
<b>Develop Sober Living Housing Solutions</b>
<ul style="list-style-type: none"> <li>○ Sustain programs working well: Bomar and Broken Chains</li> </ul>

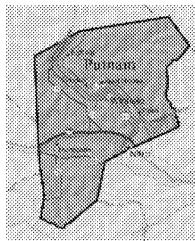
## KANAWHA COUNTY RESPONSE STRATEGIES



<b>Early Intervention and Prevention Strategies</b>	
<b>Expand Primary Prevention Efforts</b>	
<ul style="list-style-type: none"> <li>○ Launch county-coalition led “spider web” model, starting with community-based prevention partnerships</li> <li>○ Expand funding to the community</li> <li>○ Community identification and focus on specific needs</li> <li>○ Heightened engagement among community members/groups</li> </ul>	
<b>Develop a greater focus on Early Intervention (Indicated Population)</b>	
<ul style="list-style-type: none"> <li>○ Identify successful school programs</li> <li>○ Identify gaps in mentorships for youth</li> <li>○ Identify best practices and share with community groups</li> <li>○ Tie to future career aspirations</li> <li>○ Include other issue such as suicide prevention, etc.</li> <li>○ Explore best practice example in Clay County led by WV National Guard</li> </ul>	
<b>Develop a County-wide QRT</b>	
<ul style="list-style-type: none"> <li>○ Explore multiple paid positions for county-wide coverage, including rural areas</li> <li>○ Explore funding</li> <li>○ Define the model</li> </ul>	
<b>Expand Outreach to the Homeless Community</b>	
<ul style="list-style-type: none"> <li>○ Identify innovative ways to “draw in” the homeless population (food etc.)</li> <li>○ Follow-up with the Kanawha Valley Collective (KVC) to determine their identified needs and how can we help</li> <li>○ Explore use of mobile units to the places where the homeless population gathers (models: Dream Center, faith-based initiative LA area)</li> </ul>	
<b>Treatment Strategies</b>	
<b>Expand Access to a Full Continuum</b>	
<ul style="list-style-type: none"> <li>○ Define the continuum</li> <li>○ Prioritize listing of <u>all</u> recovery resources in Kanawha County (asset map)</li> <li>○ Explore use of PAAC (Partnership of African American Churches) house and Recovery U facility in St. Albans</li> <li>○ Update HELP4WV</li> </ul>	

<b>Develop an Inclusive Continuum</b>
<ul style="list-style-type: none"> <li>○ Develop a County-referral information system that is up- to-date</li> <li>○ Create an above and beyond walk-in center with daily activities i.e. gym/open to the public</li> <li>○ Explore PROACT model in Cabell County</li> <li>○ Document workplaces, which have an EAP (Employee Assistance Programs)</li> <li>○ Create a Great Rivers Regional System for Addiction Care recognized standard for treatment (like Good Housekeeping Seal of Approval)</li> <li>○ Establish criteria for programming for treatment centers to help identify the best practices-endorsed services</li> </ul>
<b>Recovery Support Strategies</b>
<b>Expand Faith-Based Community Outreach</b>
<ul style="list-style-type: none"> <li>○ Offer training and information about Substance Use Disorder (SUD) to all pastors or faith leaders</li> </ul>
<b>Address Transportation Barriers</b>
<ul style="list-style-type: none"> <li>○ Explore using church vans and buses used during the week: “Faith-based Uber”</li> <li>○ Develop a mobile application for transportation</li> <li>○ Join PROACT</li> <li>○ Ensure a greater focus on behavioral health needs</li> </ul>
<b>Expand Housing and Job Opportunities</b>
<ul style="list-style-type: none"> <li>○ Identify resources to address fines and barriers</li> <li>○ Explore the use of signing bonuses to be used for paying fines and getting needed documents</li> <li>○ Develop a list of businesses that hire and ensure treatment</li> <li>○ Include church programs on AA and NA sites and work with them to be certified through Great Rivers Regional System for Addiction Care</li> <li>○ Utilize success stories told by respected people in recovery to reduce stigma</li> <li>○ Sustain programs working well: AA and NA, and Recovery Point</li> </ul>

## PUTNAM COUNTY RESPONSE STRATEGIES



<b>Early Intervention and Prevention Strategies</b>	
<b>Expand Community-Wide Education</b>	
<ul style="list-style-type: none"> <li>○ Survey current education programs and populations (use research currently being done by grant and other survey methods)</li> <li>○ Address silo issues</li> <li>○ Show benefits to the community</li> <li>○ Identify community leaders for buy-in</li> <li>○ Develop messages unique to Putnam County given its location between Kanawha and Cabell counties</li> <li>○ Use data and heart strings</li> <li>○ Add media representatives to the partnership and coalition</li> </ul>	
<b>Develop a QRT Model</b>	
<ul style="list-style-type: none"> <li>○ Develop criteria for approaching QRT in Putnam County.</li> <li>○ Frame the discussion on how it should be prevented and gauge interest and support</li> </ul>	
<b>Sustain Programs That Are Working Well</b>	
<ul style="list-style-type: none"> <li>○ Robust wellness coalition and family resource network</li> <li>○ Good networking with existing community partners</li> <li>○ 211</li> <li>○ Help4WV</li> <li>○ Youth involvement</li> <li>○ School system buy-in</li> <li>○ Strong faith-based outreach</li> <li>○ Community support</li> <li>○ Health care availability</li> </ul>	
<b>Treatment Strategies</b>	
<ul style="list-style-type: none"> <li>○ Establish inpatient detox and easier access to 24 hour/7days a week treatment</li> <li>○ Address transportation barriers</li> </ul>	
<b>Recovery Support Strategies</b>	
<b>Address Transportation Barriers</b>	
<ul style="list-style-type: none"> <li>○ Explore use of Medicaid-based transport and the limits</li> </ul>	

- Partner with the faith-based community to utilize church vans (obtain clarification on insurance coverage)
  - Apply for substance abuse grant funding to help individuals in recovery get license reinstatement and other supports
  - Partner with Workforce WV to connect with job re-training programming
  - Partner and explore use of Bridge of Hope scholarships to help offset costs with drivers license reinstatement and job training
  - Explore and approach County Commission about a donated vehicle for QRT like Cabell and Kanawha
  - Develop the infrastructure for recovery community
  - Sustain and partner with programs which are working well
    - Teays Valley Church of God
    - Recovery Point
    - Day Report
- Expand Recovery Coaches**
- Expand the number of certified recovery coaches by 10-15
  - Document coverage of existing recovery coaches
  - Reach out to community-leaders for support and buy-in
  - Establish recovery coaches at CAMC Teays emergency room department
  - Partner with faith-based programs to gauge interest
  - Sustain recovery coach programs and supports working well
    - First Choice
    - Prestera
    - Recovery Point
    - Loved Ones
- Establish a Community Hub/Open Door Model**
- Expand the coalition to get buy-in
  - Use champions to break down silos/get support
  - Develop a communications plan about the initiative

## **STRATEGIC PLAN BACKGROUND MATERIALS**

### **County Planning Sessions I**

Agenda

Model Component Overview and Power Point Presentation

Looking At All Sides of the Model Handout

Asset Mapping Handout

County-Level Data Power Point Presentation and Reports

CAST and Partner Survey Tools

Session I Summary Notes: Cabell, Jackson, Kanawha, and Putnam County

### **County Planning Sessions II**

Agenda

Summary Notes: Cabell, Jackson, Kanawha, and Putnam County Sessions

Common Themes From Initial Sessions

County-Level Data Profiles and Power Point Presentation

Strategy Priority Visual

Session II Summary Notes: Cabell, Jackson, Kanawha, and Putnam County

### **Regional Advisory Group Planning Session**

Agenda

Overview of Evidence-Based, Promising, and Emerging Practices

Great Rivers Regional System for Addiction Care Strategic Plan Framework

Regional Data Profiles and Power Point Presentation

Regional Advisory Group Planning Summary Notes and Draft Plan

## APPENDIX I - BASELINE DATA

### **Current Components Across the Great Rivers Region**

Component	Cabell	Kanawha	Jackson	Putnam
<b>Community Engagement and Prevention Education</b>	X	X	X	X
<b>QRT</b>	X	X		
<b>PROACT</b>		X		
<b>Project Engage</b>		X		
<b>Harm Reduction</b>	X	X	X	X**
<b>Naloxone Distribution and Education</b>	X	X	X*	X

\*No distribution to public through public systems

\*\*No needle exchange

### **Trends of Need**

The “Trends of Need” data has been derived from qualitative data captured by Epiphany Community Services during each initial county level partner meeting. These needs specifically stood out in conversations with county partners. Trends were only recorded as being specific to each county if they were verbally expressed by members. Therefore, these trends can exist in other counties but may not have been marked as such if they were not verbally expressed by community partners.

Work surrounding health disparities will begin with gathering health department officers and administrators for an in-depth meeting regarding prominent disparities that exist within each county and the overall region. After identification of disparities Great Rivers will identify methods to alleviate the prominent disparities across the region.

HIV and viral hepatitis baseline rates are being gathered through multiple collaborations within the Great Rivers team. Epiphany Community Services, Marshall Health data analysts, and Health Department administrators within the project are working collectively to gain access to county level specific rates, to support evaluation of education and project engage efforts throughout the project.

Need	County			
	Cabell	Jackson	Kanawha	Putnam
Transportation	X	X	X	X
Family wide treatment approaches, including prevention services component for mothers and babies	X			
Handicap accessible facilities	X			

Community wide education to fight stigma and neighborhood empowerment strategies	X	X	X	X
Faith-based involvement		X		X
Sustainability Resources			X	
Additional treatment and pathway to recovery options			X	
Buy-In from high-level law enforcement and community leadership		X	X	X

### Baseline Data Related to Merck Funding by County

Measurement	County			
	Cabell	Jackson	Kanawha	Putnam
Rate of Overdose Deaths (per 100,000)	2015: 105.3 (County Rank - 1) 2016: 137.5 (County Rank - 1)	2015: 17.1 (County Rank - 33) 2016: 10.3 (County Rank - 46)	2015: 64.8 (County Rank - 7) 2016: 69.3 (County Rank - 5)	2015: 17.6 (County Rank - 32) 2016: 22.8 (County Rank - 31)
Rate of Opioid Overdose Death (per 100,000)	2015: 97.1 (County Rank - 1) 2016: 124.0 (County Rank - 1)	2015: 13.7 (County Rank - 37) 2016: 10.3 (County Rank - 41)	2015: 48.8 (County Rank - 10) 2016: 54.2 (County Rank - 8)	2015: 15.8 (County Rank - 33) 2016: 21.1 (County Rank - 30)
Opioid Doses	612.01/100,000 (2017)	462.32/100,000 (2017)	550.11/100,000 (2017)	453.99/100,000 (2017)
HBC and HIV Related Data Per 100,000 2006-2015 Death	Hep C Death >3.0 Vulnerable for HIV/HBC	Hep C Death .01-. .09	Hep C Death 2.0- 2.9 Vulnerable for HIV/HBC	Hep C Death .01-. .09
Number of Naloxone Distribution Sites	4 Public Sites	2 Public Sites	5 Public Sites	4 Public Sites
Number of MAT Providers (Office-Based and Others)	14 Facilities	3 Facilities	20 Facilities	4 Facilities
Existing Disparities	Socioeconomic & Geographical	Socioeconomic & Geographical	Socioeconomic & Geographical	Socioeconomic & Geographical
Number of Referrals to Treatment	*Data Collection Ongoing	*Data Collection Ongoing	*Data Collection Ongoing	*Data Collection Ongoing
Current Investment in Components, Amount and Expiration Date of Funding	*Data Collection Ongoing	*Data Collection Ongoing	*Data Collection Ongoing	*Data Collection Ongoing

Within the original grant proposal, Great Rivers' team identified two primary tools for data collection, PARTNER and Calculating for an Adequate System Tool (CAST). The PARTNER tool was created by Dr. Danielle Varda of the University of Colorado Denver's Center on Network Science within their School of Public Affairs and sponsored by the Robert Wood Johnson Foundation. The tool is designed to assess the strength and quality of existing networks. Through this analysis PARTNER provides network scores which provides an evaluation of how well current the current collaborative is working and identification of how the system can improve collaborative work. PARTNER is key in identifying the "right" partners and leveraging resources. Current PARTNER completion rates are low, causing a barrier to tool analysis. Completion rates are as follows:

County Completion Rate	
Cabell	39%
Jackson	21%
Kanawha	17%
Putnam	19%

The Great Rivers' education staff and ECS continue to contact and aid community partners in completion of the survey.

The Calculating for an Adequate System Tool (CAST) is an evidence-based tool developed by the Centers for Disease Control and Prevention (CDC) and the Substance Abuse and Mental Health Services Administration (SAMHSA). CAST provides indication of adequate care system for substance use. Within the tool, 32 components of behavioral health care system are measured and organized by 5 continuum of care categories. The overall result of the tool provides a quantitative method for making recommendations responsive to the social conditions in which they are enacted. After analyzing CAST, ECS found the following:

Each county needs several components

CAST Component Categories	Number of Components Needed by County			
	Jackson	Putnam	Cabell	Kanawha
Promotion	1	3	3	3
Prevention	5	8	8	8
Referral	3	6	6	6

Treatment	6	7	6	6
Recovery Support	7	8	9	9

These needed components have been combined across the region, and the following CAST review outlines the specific areas of improvement within the region.

CAST projects there are 178,005 substance users within the Great Rivers Region, of which, 24,389 are opioid users. About 6,341 of those opioid users are individuals seeking treatment.

Demographics	% Age 10-19	% age 20-65	Total Population
Female	6%	29%	
Male	6%	29%	364,019

As CAST calculates the capacity need in a given community based on the rates of substance use and certain social determinants of behavioral health. CAST calculations were given using the standard mathematical formula estimated the maximum number of programs; a secondary calculation was completed to show the maximum estimated capacity to serve individuals. Both are detailed in the following table.

Components	CAST Projected Component Needs	Existing Community Components	Current Needs for Adequate System <small>(Excess Capacity)</small>	Contributing Counties
<i>Promotion</i>				
Social Marketing Advertisements	1,048,920 impressions	2,705,264 impressions	0 <b>Advertisements/impressions Needed</b> <small>(excess of 1,656,344)</small>	Cabell: 300  Jackson: 2,700,000

			<b>10 Coalitions Needed</b>	Kanawha: NDR Putnam: 4,964
Community Coalitions	14 community coalitions	4 community coalitions	<b>10 Coalitions Needed</b>	Cabell: 1 Jackson: 1 Kanawha: 1 Putnam: 1
Media Advocacy Events	370,207 events AND impressions per year over five substances annually	9 Events or 45,027 impressions and/or events	<b>65 Events Needed or 325,180 impressions and events annually needed</b>	Cabell: 8 Jackson: 1 Kanawha: NDR Putnam: NDR
<b>Prevention</b>				
<b>Universal</b>				
School-based prevention programs	225 programs or the capacity to provide 67,423 hours to 22,475 people annually	96 programs with an estimated capacity to provide 28,767 hours to 9,589 people	<b>129 Programs or the capacity to provide 38,656 hours of programming to 12,885 people annually needed</b>	Cabell: 70 Jackson: 10 Kanawha: 4 Putnam: 12
Community-based prevention programs	510 programs or the capacity to provide 49,361 hours to 49,361 people annually	46 programs with an estimated capacity to provide 4,452 hours of programming to 4,452 people	<b>464 Programs or the capacity to provide 44,910 hours of programming to 44,910 people annually needed</b>	Cabell: 30 Jackson: 0 Kanawha: 2 Putnam: 14

Components	CAST Projected Component Needs	Existing Community Components	Current Needs for Adequate System	Contributing Counties
			<b>Excess Capacity</b>	NDR = No Data Reported
<b>Prevention</b>				
<b>Universal</b>				
Faith-based prevention programs	47 programs or 11,106 hours to 11,106 people annually	12 programs or 2,832 hours of programming to 2,832 people annually	<b>35 Programs or 8,260 hours of programming to 8,260 people annually needed</b>	Cabell: NDR Jackson: 1 Kanawha: 3 Putnam: 8
Workplace prevention programs	5 programs or 136 hours of programming to 136 people annually	0 programs	<b>5 Programs or 136 hours of programming to 136 people annually needed</b>	Cabell: NDR Jackson: 0 Kanawha: NDR Putnam: 0
<b>Selective</b>				
Mobile Outreach Services	1,689 services or the capacity to send 32,480 texts/alerts to 625 people aimed at those in need of or in treatment annually	0 services	<b>1,689 Services or the capacity to send 32,480 texts/alerts to 625 people aimed at those in need of or in treatment annually needed</b>	Cabell: NDR Jackson: 0 Kanawha: 0 Putnam: 0
Housing Voucher programs	282 programs or 7,056 individual vouchers with the	1 program with an estimated capacity of 25	<b>281 Programs or capacity to provide 7,025 vouchers for</b>	Cabell: NDR Jackson: 1

	capacity to serve 3,528 people	vouchers to 12.5 people	<b>3,513 people annually needed</b>	Kanawha: NDR Putnam: NDR
<b>Indicated</b>				
Needle Exchange	15 locations with the capacity to serve 2,480 people 12 times annually	3 locations or programs with an estimated capacity for 495 people 12 times annually	<b>12 Programs/location s with the capacity to serve 1,984 people 12 times annually needed</b>	Cabell: 1 Jackson: 1 Kanawha: 1 Putnam: 0
Prescription Drug Disposal Events/Locations	100 location/events or disposal with the capacity to serve 119,700 people	32 events/locations with an estimated capacity to serve 38,304 people	<b>68 Events or Locations with the capacity to serve 81,396 people annually needed</b>	Cabell: NDR Jackson: 9 Kanawha: 17 Putnam: 6
Components	CAST Projected Component Needs	Existing Community Components	Current Needs for Adequate System	Contributing Counties
			<b>(+) Deficient Capacity</b>	
			<b>(-) Adequate Capacity</b>	
<b>Referral</b>				
Adult Drug Courts	33 drug courts with the capacity to serve 2,943 people 1.4 times annually	3 with an estimated capacity to serve 268 people 1.4 times annually	<b>30 Courts or a capacity to serve 2,675 people 1.4 times annually needed</b>	Cabell: 1 Jackson: 0 Kanawha: 1 Putnam:1

Primary Care Doctors w/ SA training	183 doctors or the capacity to serve 3,661 people	(No Value Reported)	<b>183 Doctors or the capacity to serve 3,661 people annually needed</b>	Cabell: NDR Jackson: NDR Kanawha: NDR Putnam: NDR
Social Workers	32 social workers or the capacity to serve 956 people	(No Value Reported)	<b>32 Professionals or the capacity to serve 956 people annually needed</b>	Cabell: NDR Jackson: NDR Kanawha: NDR Putnam: NDR
Youth Drug Court	7 drug court programs or the capacity to serve 604 people	3 drug courts with an estimated capacity to serve 258 people 1.4 times annually	<b>4 Courts or the capacity to serve 345 people 1.4 times annually needed</b>	Cabell: 1 Jackson: 0 Kanawha: 1 Putnam: 1
MH Awareness Trained Police	3 officers or the capacity to make contact with 13,577 people 1.4 times annually	(No Value Reported)	<b>3 Police Officers or the capacity to make contact with 13,577 people 1.4 times annually needed</b>	Cabell: NDR Jackson: NDR Kanawha: NDR Putnam: NDR
Employer/EAP	5 programs or the capacity to serve 136 people	(No Value Reported)	<b>5 Programs with the capacity to serve 136 people annually needed</b>	Cabell: NDR Jackson: NDR Kanawha: NDR Putnam: NDR
<b>Treatment-Inpatient</b>				
Detoxification	112 locations(beds) or the capacity to serve 560 people	9 locations(beds) with an estimated capacity to serve	<b>103 Locations (beds) or the capacity to serve</b>	Cabell: NDR Jackson: 0

		45 people annually	<b>515 people annually needed</b>	Kanawha: 9 Putnam: NDR
Components	CAST Projected Component Needs	Existing Community Components	Current Needs for Adequate System	Contributing Counties
			<b>Excess Capacity</b>	
			<b>(-) Deficient Capacity</b>	
			<b>= Adequate Capacity</b>	
<b>Treatment Inpatient</b>				
24-hour/Intensive Day treatment	373 programs or the capacity to serve 1,120 people	0 programs	<b>373 Programs or the capacity to serve 1,120 people annually needed</b>	Cabell: NDR Jackson: 0 Kanawha: NDR Putnam: NDR
Short-term (30 days or fewer)	134 programs or the capacity to serve 1,120 people	4 programs with an estimated capacity to serve 33 people annually	<b>130 Programs or the capacity to serve 1,087 people annually needed</b>	Cabell: NDR Jackson: 0 Kanawha: 4 Putnam: NDR
Long-term (more than 30 days)	224 programs or the capacity to serve 3,360 people	8 programs with an estimated capacity to serve 120 people annually	<b>216 Programs or the capacity to serve 3,240 people annually needed</b>	Cabell: NDR Jackson: 0 Kanawha: 8 Putnam: NDR
<b>Outpatient</b>				
Detoxification	112 programs or the capacity to serve 560 people	0 programs	<b>112 Programs or the capacity to serve 560 people annually needed</b>	Cabell: NDR Jackson: 0

	CAST Projected Component Needs	Existing Community Components	Current Needs for Adequate System	Contributing Counties	
				(+) Excess Capacity	(-) Deficient Capacity
<b>Recovery Support</b>					
Counselors, Psychiatrist or Psychotherapist	1,535 professionals or the capacity to serve 41,440 people	36 professionals with an estimated capacity to serve 972 people annually	<b>1,499 Professionals or the capacity to serve 40,468 people annually needed</b>	Kanawha: NDR	
Office based opiate substitution	10 locations/programs or the capacity to serve 1,585 people	38 locations with an estimated capacity to serve a total of 6,023 people annually	<b>0 Locations Needed (excess of 28 locations with the estimated capacity to serve 4,438 people)</b>	Cabell: NDR Jackson: 1 Kanawha: 14 Putnam: 21	Cabell: 13 Jackson: 3 Kanawha: 18 Putnam: 4
<b>Components</b>					
Religious or spiritual advisors	6 advisors or the capacity to serve 168 people	23 advisors with an estimated capacity to serve 644 people annually	<b>0 Advisors Needed (excess of 17 advisors with the estimated capacity to serve 476 people annually)</b>	Cabell: NDR Jackson: 2 Kanawha: NDR Putnam: 21	
12-step groups	1,120 groups or the capacity to serve 16,800	83 groups with an estimated capacity to serve	<b>1,037 Groups or the capacity to serve</b>	Cabell: NDR Jackson: 3	

	people at least 2 times annually	1,245 people 2 times annually	<b>15,555 people 2 times annually needed</b>	Kanawha: 70 Putnam: 10
Peer support groups	672 groups or the capacity to serve 5,040 people at least 2 times annually	12 groups with an estimated capacity to serve 90 people 2 times annually	<b>660 Groups or the capacity to serve 4,950 people 2 times annually needed</b>	Cabell: NDR Jackson: 12  Kanawha: NDR  Putnam: NDR
Transportation	1,631 programs or the capacity to provide trips for 470 people or equivalent of 24,440 trips annually	1 program with an estimated capacity to serve 1 person or 52 trips annually	<b>1,630 Programs or the capacity to serve 469 people or the capacity to provide 24,425 trips annually needed</b>	Cabell: NDR Jackson: 1 Kanawha: NDR Putnam: NDR
Employment support	31 programs or the capacity to serve 140 people annually for at least time annually	0 programs	<b>31 Programs or the capacity to serve 140 people annually Needed</b>	Cabell: NDR Jackson: 0 Kanawha: NDR Putnam: NDR
Educational support	334 programs/classes or the capacity to serve 2,688 people at least 2 times annually for 20 weeks each	2 programs/classes with an estimated capacity to serve 2,688 people at least 2 times annually for 20 weeks each	<b>332 Programs or the capacity to serve 2,688 people at least 2 times annually for 20 weeks each Needed</b>	Cabell: NDR Jackson: 2 Kanawha: NDR Putnam: NDR
Parenting education	146 programs/classes or the capacity to serve 2,352 people at least 1 time annually for 10 weeks	30programs/classes or the capacity to serve 483 people at least 1 time annually for 10 weeks	<b>116 Classes or the capacity to serve 1,868 people at least 1 time annually for 10 weeks needed</b>	Cabell: 30 Jackson: 0 Kanawha: NDR Putnam: NDR
Housing Assistance	16 programs or the capacity to serve 78 people at least 3 times annually	1 program with the estimated capacity to serve 5 people at least 3 times annually	<b>15 Programs or the capacity to serve 73 people at least 3 times annually needed</b>	Cabell: NDR Jackson: 1 Kanawha: NDR Putnam: NDR
<b>Components</b>	<b>CAST Projected Component Needs</b>	<b>Existing Community Components</b>	<b>Current Needs for Adequate System</b> <b>(+) Excess Capacity</b> <b>(-) Deficient Capacity</b> <b>(A) Adequate Capacity</b>	<b>Contributing Counties</b>
<b>Recovery Support</b>				

Insurance Assistance	101 professionals or the capacity to serve 5,040 people annually	1 professional with the estimated capacity to serve 50 people annually	<b>100 Professionals or the capacity to serve 4,190 people annually needed</b>	Cabell: NDR Jackson: 1 Kanawha: NDR Putnam: NDR
----------------------	--	--	--	--

CAST is designed to assist public health practitioners in evaluation and improvement of the capacity of community-based, substance abuse care systems. Using recommendations for component needs across the continuum of care, the use of CAST is to prioritize resource allocation more effectively and efficiently. CAST has limitations, including not accounting for new promising practices such as naloxone distribution or access to treatment services. Therefore, it is not designed as the final and only data used to determine community needs. As additional information is obtained, the CAST will be updated.

## APPENDIX II - ORGANIZATIONAL PARTNERS

Aetna Better Health of WV  
Bible Center Church  
BoMar Club and Drop In Center  
Booker T. Washington Community Center  
Broken Chains  
Cabell County EMS and QRT  
Cabell Huntington Hospital  
Cabell-Huntington Health Department  
Charleston Area Medical Center (CAMC)  
Charleston Fire Department  
Charleston Police Department  
City of Charleston QRT  
Coplin Health Systems  
Drug Enforcement Administration  
Eastern Kanawha County Prevention  
Partnership  
FaithHealth Appalachia  
FamilyCare  
First Steps  
Fruth Pharmacy  
Generations Physical Therapy  
Genesis Health Care  
Highland Hospital  
Huntington VA Hospital  
Jackson County Anti-Drug Coalition  
Jackson County Commission  
Jackson County Community Member  
Jackson County Day Report  
Jackson County Drug Court  
Jackson County EMS  
Jackson County Family Resource Network  
Jackson County Health Department  
Jackson County Ministerial Association  
Jackson County Office of Emergency Services  
Jackson County Probation  
Jackson County Sheriff  
Jackson County Substance Abuse Coalition  
Jackson General Hospital  
Kanawha County Emergency Ambulance Authority (KCEAA)  
Kanawha-Charleston Health Department  
Kanawha Coalition for Community Health Improvement (KCCHI)  
KYOVA Interstate Planning Commission  
Lily's Place  
Made New Ministries  
Marshall Health  
Marshall University School of Pharmacy  
Mayor of Ravenswood  
Office of the WV Attorney General  
Partners in Health  
Prestera, Inc.  
Project Hope for Women and Children  
Putnam County Commission  
Putnam County Health Department  
Putnam County Schools  
Putnam County Sheriff  
Putnam Wellness Coalition  
Quality Insights  
Ravenswood Fire Department  
Ravenswood Freewill Baptist Church  
Ravenswood Police Department  
Recovery Point WV  
Regional Family Resource Network  
Ripley Police Department  
St Mary's Regional Medical Center  
St. Francis Hospital  
The Greater Kanawha Valley Foundation  
University of Charleston School of Pharmacy  
United Way PEP CCSAPP  
Valley Health Systems  
Wayne County Prevention  
Westbrook Health Services  
Winfield Police Department  
WV House of Delegates  
WV State Senate